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## 1600.00.00 CATEGORIES OF ASSISTANCE

This chapter of the manual provides information regarding the Food Stamp, TANF, Medicaid/Hoosier Healthwise and RCA programs. It also defines each specific TANF and Medicaid category under which a person/family can qualify. Additionally, it explains the scope of coverage offered under each program and/or category.

With the exception of Food Stamps, the assistance programs have categorical eligibility requirements which must be met in order to receive assistance. These requirements are discussed in detail in Chapter 2400 - Non-Financial Eligibility Requirements.

The main sections in this chapter are:

Categories of Assistance (Section 1600);

Cash Assistance (Section 1605);

Medical Assistance for the Aged, Blind, & Disabled (Section 1610);

Hoosier Healthwise (Section 1620);

Food Stamps (Section 1630);

Categorically Ineligible for Cash or Medical Assistance (Section 1650); and

Footnotes for Chapter 1600 (Section 1699).

## 1605.00.00 CASH ASSISTANCE (C)

Two programs provide Cash Assistance in Indiana: Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA). The specific categories and the ICES assistance group codes are discussed in the following sections.

### 1605.05.00 REGULAR TANF (C)

This category is identified in ICES as ADCR.

To be eligible in this category the child(ren) must be deprived of parental support due to the continued absence of one or both parents from the home. (f1)

**1605.10.00        INCAPACITATED PARENT TANF (C)**

This category is identified in ICES as ADCI.

To be eligible in this category one or both of the child(ren)'s parents must be incapacitated. (f2)

**1605.15.00        UNEMPLOYED PARENT TANF (C)**

This category is identified in ICES as ADCU.

To be eligible in this category the parent who is considered to be the primary wage earner in the family must be underemployed or unemployed. (f3)

**1605.20.00        REFUGEE CASH ASSISTANCE (C)**

Assistance groups under the Refugee Cash Assistance (RCA) Program are identified in ICES as ADCQ.

RCA is limited to those individuals who meet immigration status and identification requirements as a refugee and who are not eligible for cash assistance under the TANF programs. (f4)

Refugees who are 65 years of age or older, or who are disabled or blind, must be referred to the Social Security Administration (SSA) to apply for Supplemental Security Income (SSI). Cash Assistance may be provided until SSI is approved. Assistance under this category is limited to the first eight months the refugee is in the United States.

**1610.00.00        MEDICAL ASSISTANCE FOR THE AGED, BLIND & DISABLED (MED 1, MED 4)**

Medicaid coverage is available to individuals who are aged, blind, or disabled. The scope of coverage varies depending upon the specific category under which an individual qualifies. The categories and scope of coverage are explained in the following sections.

**1610.05.00        AGED INDIVIDUALS (MED 1)**

This category is identified in ICES as MA A.

To be eligible in this category an individual must be age 65 or older. (f5) A person is categorically eligible for MA A beginning with the month he turns age 65.

The full range of Medicaid covered services is available to recipients in the MA A category except for undocumented aliens who are eligible for emergency services only.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

#### **1610.10.00        BLIND INDIVIDUALS (MED 1)**

This category is identified in ICES as MA B.

To be eligible in this category an individual must meet the definition of blindness set forth in State regulation. The definition is the same as that of the SSI program. (f6)

Individuals whose income exceeds the income standard can receive Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

The full range of Medicaid covered services is available to recipients in the MA B category, except for undocumented aliens who are eligible for emergency services only.

#### **1610.20.00        DISABLED INDIVIDUALS (MED 1)**

This category is identified in ICES as MA D.

To be eligible under this category an individual must be substantially impaired as set forth in the definition of disability in State law. (f7) This definition is more restrictive than SSI's disability requirement.

Individuals whose income exceeds the income standard can receive Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

The full range of Medicaid covered services is available to receipts in the MA D category except for undocumented aliens who are eligible for emergency services only.

#### **1610.25.00        RBA ELIGIBLE INDIVIDUALS (MED 1)**

This category is identified in ICES as MA R.

To be eligible for RBA-related Medicaid an individual must:  
(f8)

Be approved for Room and Board Assistance (RBA);

Be aged, blind, or disabled. The aged and blind requirements for RBA-related Medicaid are the same as those for RBA. However, if an individual is disabled according to RBA requirements (the SSI disability definition), he must also meet the more restrictive Medicaid requirement in order to receive RBA-related Medicaid as a disabled individual.

The full range of Medicaid covered services is available to recipients in the MA R category.

#### **1610.26.00        EMPLOYEES WITH DISABILITIES (MED 1)**

M.E.D. Works - Medicaid for Employees with Disabilities - consists of two categories identified in ICES as MADW and MADI.

A federal law, known as the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA) added two new optional Medicaid categories designed to remove barriers to employment for persons with disabilities by providing access to health care. Effective July 1, 2002, Indiana's Medicaid Program was expanded to cover these categories with the enactment of P.L. 287-2001.

MADW is the basic MED Works category for individuals who meet the Medicaid definition of disability without regard to the person's employment. MADI is the medically improved category for persons who lose eligibility in the basic category because of an improvement in their medical condition which although is not a medical recovery, is improved to the extent that the Disability definition for the basic category is no longer met. (f8a)

To be eligible, individuals must be age 16-64. Depending on their income, some MED Works members must pay premiums. All members pay the regular Medicaid co-payments.

#### **1610.30.00        QUALIFIED MEDICARE BENEFICIARY (MED 4)**

This category is identified in ICES as MA L.

To be eligible in this category an individual must be entitled to Medicare Part A. (f9) There is no other blindness or disability requirement for the QMB category.

Medicaid coverage under QMB is limited to payment of: (f10)

the monthly premium for Medicare Part B;

the monthly premium for Premium Hospital Insurance under Medicare Part A for individuals not entitled to free Part A; and

Medicare Part A and B deductibles and co-insurance.

An individual can be simultaneously eligible for QMB and any other full coverage MA.

**1610.35.00 SPECIFIED LOW-INCOME MEDICARE BENEFICIARY  
(MED 4)**

This category is identified in ICES as MA J.

To be eligible in this category an individual must be entitled to Medicare Part A. (f11) There is no other blindness or disability requirement for the Specified Low-Income Medicare Beneficiary (SLMB) category.

Medicaid coverage under SLMB is limited to payment of the Medicare Part B premium. (f12)

An individual can be simultaneously eligible for SLMB and any other full coverage MA category.

**1610.40.00 QUALIFIED DISABLED WORKER (MED 4)**

This category is identified in ICES as MA G.

To be eligible in this category an individual must have lost or will lose premium-free Medicare Part A coverage due to his employment status. (f13)

Medicaid coverage under this category is limited to payment of the monthly premium for Medicare Part A. (f14)

An individual is not eligible under this category if he is eligible for Medicaid under any other category.



**1610.45.00            QUALIFIED INDIVIDUALS (MED 4)**

This category is identified in ICES as MA I.

To be eligible in this category, an individual must be entitled to Medicare Part A.(f14a) There is a capped amount available for QIs each year.

MA I pays the Medicare Part B premium.(f14b)

An individual eligible under any other Medicaid category cannot be eligible as a QI.

**1610.50.00            PREGNANT WOMEN WHOSE INCOME INCREASES (MED 1, 4)**

When a pregnant woman receives an increase in income, her Medicaid eligibility must continue without change. (f15)  
She remains eligible in the same category without an imposition of or increase in spend-down.

**1620.00.00            HOOSIER HEALTHWISE (MED 2, MED 3)**

Medical coverage is available to certain families, children, and pregnant women under the Hoosier Healthwise Program. Hoosier Healthwise is funded by Title XIX-Medicaid and by the Children's Health Insurance Program-Title XXI and is composed of four benefit packages. Coverage under these packages is generally comprehensive, with a few exceptions, which are noted below. The packages are as follows:

Package A (Standard Plan) provides comprehensive healthcare coverage to eligible adults and children. There are no premiums and co-payments for children under age 18. ICES category codes under this package are MA C, MA F, MA M, MA T, MA U, MA X, MA Y, MA Z, MA 2, and MA 9.

Package B (Pregnancy Coverage) is limited to coverage for pre-natal care, treatment of conditions which might complicate the pregnancy, delivery and 60 days of postpartum care. Package B is a premium-free, co-payment-free plan. ICES category codes under this package are MA N and MA E.

Package C (Children's Health Plan) provides comprehensive healthcare coverage to children under age 19. Although comprehensive, some services are subject to limits and some services covered under Package A are not covered under Package C. This package includes a premium (based on income and family size) and co-payments for certain services. The ICES category code under this package is MA 10.

Package E (Emergency Services Only) provides coverage for serious medical emergencies to undocumented immigrants and certain visitors to the U.S. who meet all other categorical and financial requirements. There is no specific ICES category for this benefit package. ICES designates whichever category is appropriate to the individual's circumstances.

#### **1620.05.00        LOW INCOME FAMILIES**

This category is identified in ICES as MA C.

The category consists of:

Families who meet the MED 2 income and resource standards and certain non-financial requirements; and

TANF and RCA recipients with children who request medical assistance.

#### **1620.05.05        CONTINUATION AFTER MA C/MA Q CLOSURE**

When MA C or MA Q is closed in specific circumstances due to the receipt of new or increased child or spousal support (MA C only), or employment, Medicaid coverage can continue for a specified period of time. The time period for the extension varies depending on the provision involved. The following sections identify the Medicaid continuation provisions.

#### **1620.05.10        MA C Closure Due To Support Collections**

This category is identified in ICES as MA C.

A MA C AG which becomes ineligible for assistance as a result of the collection of new or increased spousal or child support may receive four months of continued Medicaid provided the AG received MA C assistance in three of the six months immediately preceding the month of ineligibility.  
(f22)

#### **1620.05.15      Transitional Medical Assistance**

This category is identified in ICES as MA F.

Up to 12 months of full medical coverage under the Transitional Medical Assistance (TMA) category is available to families discontinued from or denied MA C because of the earnings of a caretaker relative who was eligible for and received MA C in Indiana in three of the preceding six months. (NOTE: MA C eligibility in the retro period for new application counts towards the three of six months.) To qualify for TMA, the AG must be ineligible for MA C for one of the following reasons: (f23)

New or increased earnings of a parent or caretaker relative who is a participating member of the AG;

New or increased earnings of a TANF/MA sanctioned parent or caretaker relative who is a non-participant due to a sanction; or

The expiration of the application of the \$30 plus 1/3 disregard to an MA C AG member's budgeted earnings. (f1)

The effective date of TMA corresponds to the date of discontinuance or the date on which the AG first becomes ineligible, whichever is earlier. (f24)

#### **1620.05.20      MA Q Closure Due To Earnings**

This category is identified in ICES as MA Q.

A MA Q AG which becomes ineligible for assistance due solely to new or increased earnings may receive continued Medicaid until the end of the eight month eligibility period. In case where a member of the AG obtains private medical coverage, it is imperative to code it properly on AEFMC. (f25) A refugee may not receive Medicaid under this provision once his initial eight month eligibility period ends.

#### **1620.30.00      CHILDREN WHO ARE WARDS (MED 2)**

This category is identified in ICES as MA 3.

To be eligible under this category a child must meet the MED 2 financial requirements and be under age 18, not eligible under any other category and: (f26)

a child in need of services (CHINS) as defined in IC 31-6-4-3 or IC 31-6-4-3.1; or

placed in the custody of the Division of Family and Children and for whom parental rights have been terminated (IC 31-6-5-5); or

in the custody of or under the supervision of the Division of Family and Children by an order of the court, including

- children being detained under protective custody pending CHINS adjudication; and
- delinquent children.

Children who are under "informal adjustment" do not meet the categorical eligibility criteria.

#### **1620.35.00 INDIVIDUALS RECEIVING SSI (MED 2)**

This category is identified in ICES as MA U.

To be eligible in this category, an individual must meet all MA C eligibility requirements and receive SSI.

#### **1620.40.00 CHILDREN AGE 18, 19, 20 (MED 2)**

This category is identified in ICES as MA T.

To be eligible in this category a child must be age 18, 19, or 20 and meet the MA C income and resource requirements (except for the dependent child age limit). (f27)

#### **1620.45.00 CHILDREN IN PSYCHIATRIC FACILITIES (MED 2)**

This category is identified in ICES as MA O.

To be eligible in this category a child must be under age 21, an inpatient of a Medicaid certified psychiatric facility, and meet MA C eligibility requirements (except the age 18 limitation) as if he were living at home. (f28) A recipient who is approved for MA prior to his 21st birthday

remains eligible until age 22 so long as he remains in the psychiatric facility.

1620.50.00 REFUGEE MEDICAL ASSISTANCE (MED 2)

This category is identified in ICES as MA Q.

Individuals receiving RCA are eligible for Medicaid under this category. Additionally, if a refugee is ineligible for Medicaid under any other category, he can be eligible for Refugee Medical Assistance (RMA) under the spend-down provision if his income exceeds the RCA standard and his ongoing/anticipated medical expenses exceed his surplus income. (f29)

1620.55.00	PREGNANT WOMEN - FULL COVERAGE (MED 2)
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This category is identified in ICES as MA M.

To be eligible in this category a woman must have a medically verified pregnancy. Eligibility for this category is based on MA C income and resource requirement. (f30)  
(See Sections 3005.10.00, 3010.15.00 and 3010.25.00)

1620.60.00      PREGNANT WOMEN - PREGNANCY RELATED COVERAGE  
(MED 3)

This category is identified in ICES as MA N.

To be eligible in this category, a woman must have a medically verified pregnancy. Income eligibility is based on 150% of the Federal Poverty Level and there are no resource requirements. (f31)

Medicaid coverage is limited to payment for services that are necessary for the health of the pregnant woman and fetus. Examples are prenatal care, delivery, postpartum care, family planning services, or services for conditions which might complicate the pregnancy. (f32)

1620.65.00      PREGNANT WOMEN WHOSE INCOME INCREASES (MED 2,  
3)

This category is identified in ICES as MA E.

If a pregnant woman receiving MA under any MED 2 or MED 3 category receives an increase in income which causes her countable income to exceed the standard, she remains eligible for pregnancy-related coverage through the end of

the 60 day postpartum period explained in Section 1620.70.00. (f33)

**1620.70.00          60 DAY CONTINUED COVERAGE AFTER PREGNANCY**

This category applies to women who were eligible for Medical Assistance as MA M, or MA N. The category is identified in ICES as MA E.

A woman is eligible for 60 days of postpartum coverage if she was eligible for Medical Assistance on the day her pregnancy ended. (f34)

The extension is available to a woman who:

applies for Medical Assistance while pregnant and is eligible on the date pregnancy ends (by birth or other means); or

applies for Medical Assistance after the child is born (or the pregnancy is terminated by other means) and is found to have been eligible for Medical Assistance in the application month or one of the three months of the retroactive period.

The 60 day period begins on the last day of pregnancy and extends through the end of the month in which the last day of the 60 day period ends.

During the 60 day period, Medicaid coverage is limited to payment of pregnancy-related and postpartum medical care.

**1620.75.00          CHILDREN UNDER AGE 1 (MED 3)**

This category is identified in ICES as MA Y.

To be eligible in this category a child must be under the age of one. (f35)

Income standards are based on 150% of the Federal Poverty Level and there are no resource requirements.

**1620.80.00          CHILDREN AGE 1 - 6 (MED 3)**

This category is identified in ICES as MA Z.

To be eligible in this category a child must be at least one year of age, but not six years old. Income standards are

based on 133% of the Federal Poverty Level and there are no resource requirements. (f36)

**1620.85.00 CHILDREN AGE 6 - 19 (MED 3)**

This category is identified in ICES as MA 2.

To be eligible in this category a child must be at least age six (6), but under age nineteen (19). (f37) The income standard is based on 100% of the Federal Poverty Level and there are no resource requirements.

**1620.86.00 CHILDREN AGE 1 - 19 (MED 3)**

This category is identified in ICES as MA 9.

This category is an eligibility expansion effective July 1, 1998. It is funded under the federal "Children's Health Insurance Program" (CHIP) enacted in the Balanced Budget Act of 1997. (f38) To be eligible in this category, a child must be age 1 through age 5 with income between 133% - 150% of the federal poverty level, or age 6 through 18 with income between 100% - 150% of the federal poverty level, and not eligible in any other Medicaid category.

**1620.87.00 CHILDREN'S HEALTH PLAN (MED 3)**

This category of Hoosier Healthwise is designated as MA 10 on ICES.

Effective January 1, 2000, comprehensive medical coverage, under an eligibility expansion funded through the federal Children's Health Insurance Program (CHIP), is available to Indiana children under the age of nineteen. (f38a) Under this category, also known as Package C, the income limit is 200% of the federal poverty guidelines. (See Section 3010.30.00.) Coverage is provided only to children who are ineligible for all other categories of Hoosier Healthwise. MA 10 is, therefore, last in the ICES Medical Hierarchy. Please note, however, that a child who fails MA 9, but who would be eligible for MA D or MA B with a spend-down, could receive MA 10, if otherwise eligible. (See Section 2035.30.10.)

Unlike the other Hoosier Healthwise categories, MA 10 has cost-sharing requirements. There are premiums that must be paid as a condition of enrollment and ongoing eligibility, and there are co-payments for some services. Retroactive

coverage is not available under this category. Coverage begins with the month of application. (See Section 2035.60.00.)

**1620.90.00        NEWBORNS**

This category is identified in ICES as MA X.

A child born to a woman who was receiving (and eligible for) traditional Indiana Medicaid or any Hoosier Healthwise benefit package except Package C, at the time of the child's birth, is deemed automatically eligible for Medicaid in the Newborn category. (f39) Coverage in this category continues for one year as long as the child continues to live with his mother in Indiana. Refer to Sections 2225.10 and 2428.00.

**1621.00.00        HOOSIER HEALTHWISE - BREAST AND CERVICAL  
CANCER TREATMENT SERVICES**

This category is identified in ICES as MA12. To be eligible a woman must be screened and found to be in need of treatment for breast or cervical cancer by the Breast and Cervical Cancer Treatment program(BCCP). In Indiana, the BCCP is administered by the State Department of Health. Once determined eligible by the BCCP, there are no additional financial requirements for Hoosier Healthwise. These cases are processed by the Hoosier Healthwise Central Enrollment Unit.

**1630.00.00        FOOD STAMPS (F)**

Food Stamp assistance groups are known as either Non-Assistance (NA) or Public Assistance (PA). The definition of a PA AG is identical to that of categorically eligible AGs. (Reference Section 1630.05.00.) All other AGs are non-categorically eligible. ICES will determine if an AG is categorically eligible and the only indication of this will be reason code 022, all members receive TANF or SSI, on the authorization screen AEWAA.

Caseworkers need to recognize which AGs are categorically eligible to correctly apply the different verification standards that apply to PA households.

**1630.05.00        CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (F)**

AGs in which all members are receiving public assistance (PA) in the form of TANF (ADCU, ADCI and ADCR categories) or



SSI are categorically eligible. These PA AGs are eligible for Food Stamps without verification of resources, income, SSN, residency or sponsored alien status because the verifications obtained when TANF and SSI were approved are below the FS guidelines.

The following persons will not be included in AGs that are otherwise categorically eligible:

- Ineligible aliens;
- Ineligible students;
- Institutionalized members;
- Disqualified AG members.

**1630.10.00        NON-CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS  
                      (F)**

AGs will not be considered categorically eligible if:

- a member disqualified for IPV, or
- a TANF member disqualified for IMPACT, work registration non-compliance or IV-D non-compliance.

**1650.00.00        CATEGORICALLY INELIGIBLE FOR CASH OR MEDICAL  
                      ASSISTANCE**

If an applicant does not qualify for any category of assistance, ICES will configure an assistance group and sequence number with only the program designation: ADC 01 ("ADC blank") and MA /01 ("MA blank"). The AG will fail with reason code 600, Individual does not qualify under any of the categories of assistance.

**1699.00.00        FOOTNOTES FOR CHAPTER 1600**

- (f1)        45 CFR 233.90
- (f2)        45 CFR 233.90
- (f3)        45 CFR 233.90
- (f4)        45 CFR 400.60
- (f5)        42 CFR 435.121
- (f6)        42 CFR 435.121;  
              405 IAC 2-2-2
- (f7)        IC 12-14-15-1
- (f8)        42 CFR 435.234
- (f8a)       Social Security Act, Section  
              1902(a)(10)(A)(ii)(XIV); Social Security Act,  
              Section 1902(a)(10)(A)(ii)(XV); P.L. 287-2001

(f9) Social Security Act, Section 1902(a)(10)(E)  
(f10) Social Security Act, Section 1905(p)(3)  
(f11) Social Security Act, Section 1902(a)(10)(E)  
(f12) Social Security Act, Section 1905(p)(3)(A)(ii)  
(f13) Social Security Act, Section 1902(a)(10)(E)  
(f14) Social Security Act, Section 1905(p)(3)(A)(i)  
(f14a) Social Security Act, Section 1902(a)(10)(E)  
(f14b) Social Security Act, Section 1905(p)(3)  
(f15) Social Security Act, Section 1902(e)(6)  
(f16) 42 CFR 435.110  
(f22) P.L. 101-239 (OBRA-89)  
(f23) Social Security Act, Section 1925 as added by  
P.L. 100-998 (Family Support Act)  
(f24) Social Security Act, Section 1902(e)(1)(A)  
(f25) 45 CFR 400.104  
(f26) 42 CFR 435.222;  
IC 12-15-2-16  
(f27) 42 CFR 435.222  
(f28) 42 CFR 435.222;  
IC 12-15-2-9  
(f29) 45 CFR 400.103  
(f30) Social Security Act,  
Section 1902(a)(10)(A)(i)(III);  
IC 12-15-2-11  
(f31) Social Security Act,  
Section 1902(a)(10)(A)(i)(IV);  
IC 12-15-2-13  
(f32) 42 CFR 440.210  
(f33) Social Security Act, Section 1902(e)(6)  
(f34) Social Security Act, Section 1902(e)(5);  
42 CFR 435.170  
(f35) Social Security Act,  
Section 1902(a)(10)(A)(i)(IV);  
IC 12-15-2-14  
(f36) Social Security Act,  
Section 1902(a)(10)(A)(i)(VI);  
IC 12-15-2-15  
(f37) Social Security Act,  
Section 1902(a)(10)(A)(i)(VII)  
(f38) Social Security Act,  
Section 1902(a)(10)(A)(i)(III)  
(f38a) IC 12-17.6-3  
(f39) Social Security Act, Section 1902(e)(4)